

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Repealed	N	Not entered
	Amended	I	Interference
—	Through number	A	Appeal
	Restricted	O	Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
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If more than 150 claims, attach additional sheets